

Commonwealth of Kentucky
Office of Insurance
Agent Licensing Division
P. O. Box 517, Frankfort, KY 40602-0517
(502) 564-6004
<http://doi.ppr.ky.gov/kentucky/>

AFFIDAVIT FOR EXEMPTION FROM CONTINUING EDUCATION

Comes the Affiant, _____, after having been first duly
(Please Type or Print Licensee Name)

sworn, and pursuant to KRS 523.020 (Perjury in the Second Degree) states as follows:

Affiant holds an agent license issued by the Kentucky Office of Insurance.

Affiant is eligible for the exemption set forth in KRS 304.9-295 from the requirement that Affiant complete a minimum of 24 hours of continuing education each biennium to maintain the agent license.

Affiant is maintaining the agent license for the sole purpose of receiving renewals or deferred commissions for business written on or prior to Affiant's date of **retirement** or **last activity** on:

_____.
(Date)

Affiant acknowledges that use of this affidavit for any other reason, including an extension for completion of continuing education requirements for a continuing education biennium, shall be a violation of KRS 304.9-295 and shall subject the Affiant to suspension or revocation of the agent license.

Affiant acknowledges that, as long as this Affidavit is in effect, Affiant may not engage in any activity that constitutes conducting the business of insurance, which includes selling, soliciting, advertising, explaining coverage, quoting rates, taking applications, writing business, and accepting premiums. Affiant acknowledges that he/she must maintain active status of the license by maintaining all additional requirements, or the Affidavit will become null and void.

(AGENT SIGNATURE)

(DATE SIGNED)

(ADDRESS)

(SOCIAL SECURITY NUMBER)

STATE OF KENTUCKY

COUNTY OF: _____

Subscribed, sworn to, and acknowledged before me by _____
to be the Affiant's own free act and deed this _____ day of _____, _____.

Notary Public, State at Large: _____

My Commission Expires: _____